

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 1, 2004 Signature: *[Signature]*
(Jonathan A. David)

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EXPEDITED PROCEDURE
Group Art Unit: 3714
Docket No.: SCEI 3.0-029

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

[Handwritten signature]

In re Patent Application of:
Ogata et al.

Application No.: 09/658,174

Filed: September 8, 2000

For: CONTROL APPARATUS AND DETECTING
DEVICE

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: Group Art Unit: 3714
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: Examiner:
: Coburn, Corbett B.
:
:

AMENDMENT UNDER 37 C.F.R. § 1.116

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TECHNOLOGY CENTER R3700

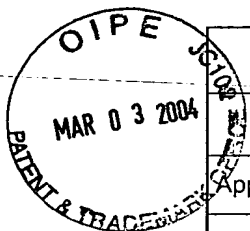
[Handwritten signature]

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

[Handwritten signature]

In response to the Office Action mailed September 30, 2003, please amend the above-identified U.S. patent application as follows. A two-month extension petition is submitted herewith.



AF 1214
AF

AMENDMENT TRANSMITTAL LETTER			Expedited Procedure	
Application No. 09/658,174	Filing Date September 8, 2000	Examiner Coburn, Corbett B.	Group Art Unit 3714	
Applicant(s): Hiroki Ogata, Kazusato Tagawa, Hiroyuki Nakazawa, Youtaro Sakakura, and Koji Mita			Docket No. SCEI 3.0-029	

Invention: CONTROL APPARATUS AND DETECTING DEVICE

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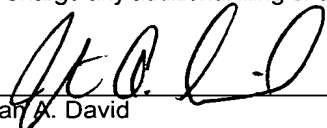
Transmitted herewith is an amendment in the above-identified application.

TECHNOLOGY CENTER R3700

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	164	- 164 =		x	0.00
Independent Claims	14	- 14 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

- ☒ Large Entity ☐ Small Entity
- ☐ No additional fee is required for this amendment.
- ☒ Please charge Deposit Account No. 12-1095 in the amount of _____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. 12-1095
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Jonathan A. David
Attorney Reg. No. 36,494

Dated: March 1, 2004

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